## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

					***************************************		
Name of Committee in Full	TARATICILI	CANTEL TOTAC					
SAVE REYNOLDSBURG SCHOOLS, Full Name of Contributor	n caivial	DIVIII II, IKEAD.	Dagietre	-tian Minn	ber, if PA	~	
			Kegisuk	MIOH INULL	ider, ii ea	C	
ROBERT STAMPS Street Address	Employer/Occ	Form (Cash, Check, etc.)					
	1				CHECK		
1686 NORMA RD City	State	JPATION Zip Code	М	D	Y	Amount	
COLUMBUS	)   h		$\begin{bmatrix} \mathbf{n} \\ 0 \end{bmatrix} 4$	1	1 .	Minount	50.00
Full Name of Contributor		"S. S. bes ben I	nandarananan kanan	occionomentamento	ber, if PA	C	00.00
JENNIFER CHOMIN					,		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check	c, etc.)	
6078 ROSELAWN AVE	OCCUPATION					CHECK	
City	State	Zip Code	M	D	Y	Amount	MCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
COLUMBUS	0   f	1 43232	0 4	3 0	0 9		50.00
Full Name of Contributor			Registra	ation Num	iber, if PA	C	
TERRANCE HUBBARD				· November of the Wood			
Street Address		cupation/Labor Organization*				Form (Cash, Check, etc.)	
5887 RAVINE VIEW CT		JPATION				CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS		1 43231	0   5	STATE OF THE PERSON NAMED IN COLUMN 1	0 9		100.00
Full Name of Contributor			Registra	ation Num	ber, if PA	С	!
TAMMY YOCKEY Street Address	TE/O	To the second se	L	dayar arasının kalbul	ween to an analysis	Form (Cash, Check	annimicanama annimicanama
	Employer/Occupation/Labor Organization*			i '			, etc.)
8389 VEGA RD City	State	JPATION Zip Code	M	T D	ΙΥ	CHECK	
BLACKLICK	State		0 5	1		Amount	80.00
Full Name of Contributor		* <b>1</b> 43004			0 9 ber, if PA	C	0U.UU
MISC CONTRIBUTORS			registre	ttion i van	1001, 11 1 71	C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
7244 E MAIN ST	occu				CHECK		
City	State	Zip Code	M	D	Y	Amount	menter de la companya
REYNOLDSBURG	OIF	1 43068	015	011	019		10.00
Full Name of Contributor			Mark and a second and a second	CONTRACTOR OF THE PARTY OF THE	ber, if PA	C	
JOY BEER							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	, etc.)
7056 LEMERT LN	OCCU	PATION				CHECK	
City	State	Zip Code	M	D		Amount	Martin Martin Company (Mary Mary Mary Mary Mary Mary Mary Mary
REYNOLDSBURG		i 43068	0 5				50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
FIFTH THIRD BANK	/mmgradonommodususassassassassassassassassassassassass						
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
FIFTH THIRD CENTER	~~~~ <del>§</del> >~~~~~~~~	PATION				CHECK	
CINICININI A TI	State	Zip Code	M	D	Y	Amount	PTP 0 00
CINCINNATI Full Name of Contributor		1	0 5		and the second second		750.00
rui name of Controllor			Kegistra	tion Num	ber, if PAC	j	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	Ctota	Zip Code	T 3.4	I n	I v	Amount	***************************************
Oity	State	Lip Code	M	D	Y	Amount	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 1,090.00